Difficulties in tracheal intubation. By I P Latto and M Rosen. (pp 183. Illustrated. £14.50). London: Baillière Tindall, 1985.

This is a well written detailed book from the Department of Anaesthetics of the University Hospital of Wales. It deals with a very practical aspect of anaesthesia, and gives a variety of solutions to problems which can arise, leaving readers to make up their own minds as to the most suitable for the individual situation. The title does not do full justice to the book as it deals in detail with endobronchial intubation and teaching intubation. The first four chapters (which take up 71 pages) give a very good background to a scientific approach to this problem, dealing in detail with the relevant anatomy, pathophysiology and complications, and including a most useful discussion on the cuff (p. 26, 126 references).

In a multi-author book one often comes up against prejudice or personal preferences of individual writers. This is shown by a two-line condemnation of H_2 receptor antagonists as prophylaxis against aspiration pneumonitis with no reference to recent work in this field. This well set out book, fully (although not always accurately) referenced, is more suitable for a departmental or hospital library than for personal purchase. It is of a size and robustness to be a useful 'bench book' for every theatre block.

JRJ/JWD

Baillière's Handbook of first aid. 7th ed. Revised by N G Kirby and S J Mather. (pp 360. Illustrated. £6.95). London: Baillière Tindall, 1985.

Many doctors working outside the mainstream of emergency or accident departments might have difficulty knowing just what to do if the lady in the queue beside them collapsed. First aid until recently has not been part of the medical course, yet doctors are asked to teach it.

This new edition of Baillière's *Handbook* has been compiled jointly by an ex-Director of Army Surgery and an anaesthetist, and what better combination could there be for such a book? The layout is excellent with a clear index of contents giving quick access to required answers. Numerous simple line diagrams illustrate significant points of a lucid text and serve as useful *aides-mémoire.* Part I covers very adequately the basic life-saving measures. Part II deals with basic anatomy and physiology, while Part III covers a wide range of first aid problems. Unlike the St John Ambulance manual, Baillière's *Handbook* goes into considerable detail on such important topics as head injuries, fractures of the spine, etc., and the treatment advice is very practical and easily understood. Transporting casualties is well covered. Depressingly, there is a chapter on nuclear disasters and biological warfare.

Many first aid gems turn up — 'Drunkenness should be regarded as the last diagnosis in unconscious patients', for instance. It is a well written book and (in paperback form at £6.95) very good value. Doctors in outlying areas or those contemplating expeditions into the outback could find it of practical value. It is not appropriate, however, for the teaching of the present statutory 'First Aid at Work' course.

WAE

Anaesthetic equipment: physical principles and maintenance. By C S Ward. 2nd ed. (pp 371. Illustrated. £22.50). London: Baillière Tindall, 1985.

A warm welcome back after an absence of ten years to *Anaesthetic equipment* by C S Ward. This 2nd edition is somewhat enlarged and now virtually confines itself to consideration of the anaesthetic machine, its appendages, and equipment placed on its working surface. This is in some ways a pity because, for example, invasive and non-invasive blood pressure monitoring and continuous electrocardiograph display, which are omitted, are now an integral part of 'the anaesthetic machine'. This minor criticism in no way detracts from a book which sets out to explain the basic principles fundamental to the anaesthetist's 'tools of his trade'. The text is interesting and easy to read in what is essentially a technical book. The line diagrams, drawings, and the surfeit of photographs are of a high standard. The author is very conscious of the dangers associated with anaesthesia and throughout the 24 chapters the reader will find plenty of sensible advice and check lists to make the practice of anaesthesia safer. With this very much in mind, emphasis is laid on maintenance and repair.

The historical side is not neglected and there are many fascinating glimpses of the past, e.g. the Barth Valve and Ogston's inhaler. Recent advances such as high frequency jet ventilation, fibre-optics, methods to prevent theatre pollution, and Triservices anaesthetic apparatus are considered. Sensibly, a chapter is devoted to electrical hazards and their prevention, but this reviewer cannot agree that the anaesthetist should be responsible for the correct connection of the diathermy machine. The anaesthetist has quite enough responsibility already, thank you very much!

The appendix includes a useful list of equipment manufacturers and a key to their principal products. There is no list of references but instead there are suggestions for further reading. Dr Ward has

sacrificed a lot of his leisure time to the preparation of this book and it deserves to become the logical successor to *Physics for the anaesthetist* by Sir Robert McIntosh. I can highly recommend it to anaesthetists of all grades, theatre and intensive care technicians and nurses. DLC

Orthopaedics and trauma. Edited by S P F Hughes. (pp 118. Illustrated. £19.95). London: Baillière Tindall, 1985. (Current operative surgery).

It is a pleasure to receive this book for review and I cannot imagine that any orthopaedic specialist would think otherwise.

Professor Hughes and the publishers have amply fulfilled their remit in selecting, from established experts in their fields, a wide spectrum in current orthopaedic operative technology. That super-specialisation is inevitable is well demonstrated and it would be virtually impossible for any reader to evaluate each and every chapter critically from personal experience. Some chapters may even incur frank hostility!

That each team of orthopaedic surgeons (and we do work in teams) will require a copy is certain. It will be simply devoured by those in training with an appetite for further knowledge and innovative technology. The layout and standard of production is excellent, with a slight lapse in proof-reading at the word 'neoplasm'. The diagrams relating to operative technique are exceptionally clear and pleasing, the radiographs only occasionally indistinct, and clinical photographs are restricted, as (though restful to readers) they are seldom instructive. This excellent and varied collection of specialist articles is well worth the price and will find its way on to many individual bookshelves and into every departmental orthopaedic reading room — my own copy is already on its way there. PO

Blood transfusion and blood banking. Guest editor, William L Bayer. (pp 306. £13.75). London: Saunders, 1984. (Clinics in haematology, vol 13, no 1).

During the past few years there has been a very marked change in the pattern of blood transfusion therapy. Thus, whereas requirements for red cells have remained fairly constant, the usage of various blood components has increased enormously. The many developments in blood component therapy are well reflected in this volume of *Clinics in haematology.* The book comprises a series of review articles, mostly of North American authorship but also including a substantial input from the U.K. Most of the articles are directed towards haematologists and transfusion specialists, so that transfusion support in haematological malignancies, congenital coagulation disorders and haemolytic anaemias are each very fully covered by well established experts. Major omissions include the management of haemorrhage, acquired coagulation disorders and transfusion support of intensive care patients. Some parts will be of interest outside haematology and in this respect I particularly enjoyed the chapter on the clinical use of immunoglobulins. This growing field is very well reviewed by workers from Edinburgh who are actively involved in the development as well as clinical assessment of new immunoglobulins.

Another rapidly expanding area of transfusion medicine involves the use of apheresis techniques for therapeutic purposes and also for collection of blood components from donors. Both aspects of apheresis are discussed very fully in separate chapters, each extensively referenced. Description of the side effects of transfusion therapy is limited to one chapter on transfusion-related infections. The latter is disappointing because, while transfusion transmitted cytomegalovirus infection is discussed at great length, reflecting the interests of the authors, the more important areas of AIDS and particularly non-A non-B hepatitis are dealt with rather sketchily. In the case of AIDS, much of the information is unavoidably obsolete, having been written before the discovery of HTLV III as the causative agent.

WMMcC

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